

PTO/SB/01 (08-03)

Approved for use through 07/31/2008. CMB 0851-0032

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# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (a))  
required)

Attorney Docket Number

3G-001US(PAR)

First Named Inventor

Howard F. RDZL

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

## **I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ULTRASONIC IMAGING DEVICE, SYSTEM AND METHOD OF USE**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | Yes                      | No                       |
| Provisional Patent Application      | U.S.    | 01/23/2003                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serial No.                          |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60/442,034                          |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

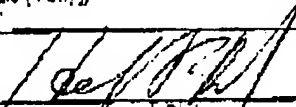

(Page 1 of 2)

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## DECLARATION — Utility or Design Patent Application

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|---|-----------------------------|---|---|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>  |                             | OR <input checked="" type="checkbox"/> Correspondence address below           |   |
| Name<br>David Aker  |                             |   |   |
| Address<br>23 Southern Road   |                             |   |   |
| City<br>Hartsdale   | State<br>NY                 | ZIP<br>10530  |   |
| Country<br>USA  | Telephone<br>(014) 674-1094 | Fax<br>(014) 674-1094   |   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                             |   |   |
| NAME OF SOLE OR FIRST INVENTOR:   |                             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |   |
| Given Name<br>(first and middle (if any))<br>Howard F.  |                             | Family Name<br>or Surname<br>Fidel  |   |
| Inventor's<br>Signature<br>  |                             | Date<br>1-22-2004   |   |
| Residence: City<br>Irvington  | State<br>New York           | Country<br>USA  | Citizenship<br>United States of America |
| Mailing Address<br>4 Algonquin Drive  |                             |   |   |
| City<br>Irvington   | State<br>New York           | ZIP<br>10533  | Country<br>USA                          |
| NAME OF SECOND INVENTOR:  |                             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |   |
| Given Name<br>(first and middle (if any))<br>Raul F.  |                             | Family Name<br>or Surname<br>Gutierrez  |   |
| Inventor's<br>Signature<br>  |                             | Date<br>1-22-04   |   |
| Residence: City<br>Fort Lee   | State<br>New Jersey         | Country<br>USA  | Citizenship<br>United States of America |
| Mailing Address<br>2470 Hammet Ave  |                             |   |   |
| City<br>Fort Lee  | State<br>New Jersey         | ZIP<br>07024  | Country<br>USA                          |
| <input type="checkbox"/> Additional inventor(s) or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02-R attached hereto.  |                             |   |   |

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |                 |
|------------------------|-----------------|
| Application Number     |                 |
| Filing Date            |                 |
| First Named Inventor   | Howard F. FIDEL |
| Title                  |                 |
| Art Unit               |                 |
| Examiner Name          |                 |
| Attorney Docket Number | 3G-001US(PAR)   |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name       | Registration Number |
|------------|---------------------|
| David Aker | 29,277              |
|            |                     |
|            |                     |
|            |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

## **SIGNATURE of Applicant or Assignee of Record**

|           |                    |           |              |
|-----------|--------------------|-----------|--------------|
| Name      | Howard F. Fidel    |           |              |
| Signature | <i>[Signature]</i> |           |              |
| Date      | 1/22/04            | Telephone | 201-825-3116 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                   |
|------------------------|-------------------|
| Application Number     |                   |
| Filing Date            |                   |
| First Named Inventor   | Raul F. Gutierrez |
| Title                  |                   |
| Art Unit               |                   |
| Examiner Name          |                   |
| Attorney Docket Number | 3G-001US(PAR)     |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name       | Registration Number |
|------------|---------------------|
| David Aker | 29,277              |
|            |                     |
|            |                     |
|            |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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State

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Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)

**SIGNATURE of Applicant or Assignee of Record**

Name Raul F. Gutierrez

Signature

Date 01/23/02

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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